

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17291
State File No. _____
Registrar's No. 80

Registration District No. 1
JUN 1 1943

Primary Registration District No. 3002

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Audrain Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community Life (Specify whether years, months or days)

3. (a) PRINT Leta Lorena Settle
FULL NAME

3. (b) If veteran, None 3. (c) Social Security No. None
name war. No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George A. Settle 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased November 13, 1888
(Month) (Day) (Year)

8. AGE: Years 54 Months 6 Days 8 If less than one day
hr. min.

9. Birthplace Audrain County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Charles W. Pease

12. Name New Salem, Ill.
13. Birthplace Salle Elizabeth Parker
(City, town, or county) (State or foreign country)

14. Maiden name Audrain County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant George A. Settle
(b) Address Mexico, Missouri

17. (a) Burial (b) Date thereof May 23, 43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director T. E. Pugh
(b) Address Mexico, Mo.

19. (a) 5-21-43 (b) Margaret H Mackie
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 1207 E. Liberty St.
(If rural, give location)
(e) Citizen of foreign country? () (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
year 1943 hour: 6:15 minute AM

21. I hereby certify that I attended the deceased from May 20 1943 to May 21 1943
that I last saw him alive on May 20 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction
(Toxemia)
Due to adhesions

Due to 1220
Other conditions no operation
(Include pregnancy within 3 months of death)

Major findings: no operation
Of operations no
Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? St. Brashear (Specify type of place) (e) Means of injury no
23. Signature St. Brashear (M. D. or other) M.D.
Address Mexico, Mo. Date signed 5/21/43

1074

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 1 1943

JUN 17 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Earl E. Precht

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Earl E. Precht

Licensed Embalmer No. 3189

P.O. Address Mexico, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.